



"Your Partners in Public Safety"

Supervision Strategies *and* Treatment Alternatives

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INTRODUCTION

This document has been prepared for the use of those providing direct supervision of clients. It is also for the use of the Parole Board, judges, and attorneys as a guide in recommending an appropriate client management strategy. The Department is committed to preparing clients to live civil, sober and productive lives. The goal is to ensure an opportunity for positive personal progress within the least restrictive environment. By outlining specific client management strategies, eligibility criteria and the referral process where applicable, it is our hope a client's needs will be more adequately assessed and met.

Change is constant in the area of client management strategies. This document is provided as a guide and is accurate to the date of revision. Applicable policy and procedure should be referred to for further information and clarification.

Revisions of this document will be made available as needed and can be accessed on the Missouri Department of Corrections website: www.doc.mo.gov. If you have any questions, please contact your local Probation and Parole Office.

LEVELS OF SUPERVISION

When the Court orders a client to be supervised by the Division of Probation and Parole or the Parole Board releases a client on Parole or Conditional Release, an Initial Assessment is conducted. The Initial Assessment Phase lasts 60 days. During this period, the client is assessed for criminogenic needs, related factors and receives information relative to the expectations of supervision. Each case assigned for supervision is managed at one of four levels. These levels include Low, Moderate, High and Very High. The supervising Probation and Parole Officer (PPO) continually assesses the risks and needs of the client to determine the appropriate level of supervision. Through on-going assessment, the PPO ensures problem areas are addressed and the client progresses through the system without undue risk to the community. For probationers, terms of probation range from a minimum of six months to a maximum of five years. There are a full range of community resources utilized to address the needs of clients.

All PPO initiated supervision contacts are to be purpose driven and conducted on a schedule that enhances the likelihood of the successful completion of required activities, with minimal negative impact on the client's existing pro-social activities. Contacts will be dictated by the case plan and in some cases may exceed minimum contact requirements.

SUPERVISION STRATEGIES

There are a variety of supervision strategies within the Department of Corrections for clients under the Court or Parole Board's jurisdiction. Based on local practice and/or availability, the Court and Parole Board should consider the level of risk/need the client presents, the type of strategy described and the eligibility criteria.

A. 120 DAY PROGRAM PURSUANT TO 559.115 RSMo

Description:

When a client is sentenced pursuant to 559.115 RSMo, the Department of Corrections shall be responsible for conducting a thorough assessment of the client and determining which 120 day program the client will be placed in. The client will either be placed in substance abuse treatment or cognitive behavioral therapy.

Eligibility:

1. Clients must be sentenced pursuant to RSMo 559.115 or stipulated by the Parole Board to attend.
2. Both male and female clients.
3. Clients convicted of a sexual assault offense may be allowed to participate in treatment unless otherwise excluded by statute.

4. Clients convicted of offenses for which there are statutory prohibitions that do not allow the Court to grant probation, or any offenses where a prohibition on parole exists, including requirements to serve more than 120 days prior to release, are excluded.
5. Parole Board cases in violation status based on a pending felony are not eligible until the felony offense is resolved.
6. Parole Board cases are not eligible for a 120 day program if they have completed a 120 day program, have been negatively terminated, or withdrew from a 120 day program in the past six months.
7. Parole Board cases must have at least eight months left on their sentence to be eligible.

B. ALT-CARE

St. Louis:

Alt-Care is an outpatient program designed for women who have demonstrated a need for substance use disorder treatment and related supportive services. This program utilizes a therapeutic community approach, emphasizing participant/peer involvement in the process of recovery. Alt-Care clients receive intensive, on-site supervision and a collaborative treatment team approach with Gateway, located at 1430 Olive, Suite #300, in St. Louis City.

Eligibility:

1. Female clients demonstrating substance use and/or clients in need of aftercare services upon completion of an Institutional Treatment Program.
2. Female clients residing within the Interstate 270 Loop.
3. Field referrals must have a minimum of six months remaining on supervision from their Optimal Discharge Date, or as approved by the CAO/designee.
4. Institutional referrals must have a minimum of three months remaining on supervision from their Optimal Discharge Date, or as approved by the CAO/designee.
5. The client must be available to participate in treatment as dictated by the clinical assessment and individualized treatment plan and be aware that employment cannot interfere with treatment hours.
6. Clients referred from the field must have an updated ORAS assessment and case plan entered into the ORAS System.
7. Any outstanding violations must be addressed by the Court and Parole Board.
8. The supervising probation and parole officer must provide documented substance use

within the last thirty days.

9. The client must ensure they have transportation to and from treatment.

Field Referrals:

1. The supervising PPO shall complete and email/fax the Community Treatment and Services Referral and Guidelines and Authorization for Disclosure of Consumer Medical Health Information forms including a detailed history of the client's use and treatment, recent substance use, and any mental health diagnosis to the District EP Alt-Care Booking Officer.
2. The supervising PPO shall enter the client in MOCIS tracking under Classes as "Pending".
3. The Alt-Care PPO will enter the client's assessment date and time into the case notes.
4. The supervising PPO shall inform the client of the assessment date and time and maintain client contact per agency policy until an acceptance email is received.

Institutional Referrals:

Board Referrals: The IPO shall submit a Board Home and Employment (BHE) investigation to District EP noting, "This is an Alt-Care client" in the open text field.

CODS/120 Day Treatment Referrals: The IPO shall enter the client in MOCIS tracking under Classes as Pending with the client's release date entered as the available date.

PLEASE NOTE

- Pregnant females or females with children will be given priority placement.
- Clients supervised for sex offenses may be referred.
- Gateway may provide transportation assistance via bus tickets based on availability.

C. ALT-CARE

Jackson County:

Alt-Care is an intensive outpatient program designed for women who have demonstrated a need for substance use treatment and related supportive services. This program utilizes a holistic approach, emphasizing participant/peer involvement in the process of recovery and may last up to two years. Mental Health Services and Medication Assisted Recovery are available.

Eligibility:

1. Female clients with active substance use issues requiring intensive treatment. Pregnant women and female IV users will be given priority placement.
2. Female clients residing in Jackson County. Cases living in areas not covered by public transportation will be assessed on a case by case basis as to their ability to get

to the program location and may be found ineligible after consulting with the supervisor.

3. It is preferred that clients have a minimum of one year remaining on supervision; however, with the receiving district's Alt-Care supervisor approval, if the client has at least six months remaining on supervision, taking into account Earned Compliance Credits, then an exception can be made.
4. The client must be available to participate in treatment from 8:30am to 4:30pm, Monday - Friday, if placed in Level One treatment.
5. Sex offenders or offenders that have to adhere to sex offender guidelines cannot be referred as children are on the premises.

Referral:

Districts 4, 4W, and 24 participate in the Alt-Care program. The referring PPO shall contact the district's Alt-Care PPO (according to home plan location) for scheduling. Other districts can refer the client to Alt-Care if the client moves to one of the above catchment areas. Unless a direct transfer, the sending district will complete an investigation request.

The district Alt-Care PPO will schedule the intake and complete the booking process in MOCIS/Classes upon receipt of the Community Treatment and Services Referral and Guidelines Form. The district Alt-Care PPO will advise the referring PPO of the intake date and time.

The district Alt-Care PPO will notify the referring PPO about the client's arrival for intake. Once the client attends intake and attends one day of treatment, the district Alt-Care PPO will advise the referring PPO that the case can be transferred. The referring PPO will then prepare the case file for transfer. This includes all necessary paperwork, including an ORAS assessment (if applicable per divisional procedure), case plan, updating ECC, Violation Reports, submitting an IF Waiver, if applicable, and "half sheet" to transfer the case over to the receiving district's Alt-Care PPO.

D. COMMUNITY MENTAL HEALTH TREATMENT

Description:

Community Mental Health Treatment is administered through the Department of Mental Health. The goal of mental health treatment is to stabilize clients with mental health impairments. Clients may receive any combination of the following services:

1. intake/assessment,
2. individual or group counseling,
3. medication management visits,
4. medications for psychiatric disorders, and

5. assigned a mental health caseworker for case management.

Eligibility:

A client meeting any of the following criteria may be referred for community mental health treatment:

1. Client has had a previous Not Guilty by Reason of Insanity evaluation.
2. Client has had a diagnosis by a licensed mental health professional within the past 24 months.
3. Client has a history of suicide attempts.
4. Client has had incidents of harm directed at self or others.
5. Client has previous in-patient hospitalization(s) due to mental illness.
6. Client is unable to work based on receipt of current disability benefits (or is pending application) due to mental illness.
7. Client is currently under psychiatric care.
8. Client has a diminished level of social functioning in areas such as health and hygiene practices, housing, communication, safety, management of time and finances.
9. Client has a previous classification of MH3 or above.
10. The client has been ordered by the Court or Parole Board to receive a mental health assessment/evaluation.
11. As determined by the Correctional Mental Health Screener.

Referral:

The supervising PPO shall complete the Community Treatment and Services Referral and Guidelines Form. Clients shall be provided a copy of the Community Treatment and Services Referral and Guidelines Form

All forms are to be submitted to the treatment provider prior to the client's first scheduled appointment and maintained in the file.

E. COMMUNITY SUBSTANCE USE TREATMENT

Description:

Community Substance Use Treatment is designed to provide a full range of substance use treatment to clients, including outpatient treatment, inpatient treatment, medication assisted treatment and case management. Existing Department of Mental Health treatment providers are used to deliver priority substance use services to identified Department of Corrections (DOC) clients in the field.

Eligibility:

Clients meeting any of the following criteria shall be referred to substance use disorder treatment.

1. Client is pregnant and currently using alcohol, drugs, or misusing prescribed medication.
2. Client is injecting controlled substances without a valid prescription.
3. Client is currently receiving medication for addiction.
4. Client received a Vivitrol injection prior to release from an Institutional Treatment Center.
5. Client is experiencing active withdrawal symptoms that impair their ability to take care of daily life activities such as work, school or childcare.
6. Client is experiencing binge use or loss of control.
7. Client is experiencing active symptoms of cravings or compulsions.
8. Client has a previous drug overdose.
9. The client has been ordered by the Court or Parole Board to receive a substance use disorder assessment.

Referral:

When referring to a contracted treatment provider, the supervising PPO shall complete the Community Treatment and Services Referral and Guidelines Form.

Clients shall be provided a copy of the Community Treatment and Services Referral and Guidelines Form for their own records.

All forms are to be submitted to the treatment provider prior to the client's first scheduled appointment and maintained in the file.

F. COMMUNITY SUPERVISION CENTER (CSC)**Description:**

The six Community Supervision Centers are residential facilities whose mission is to promote a safer community by offering resources, programs, and services for higher risk individuals to become productive and law-abiding citizens. New residents will enter a five phase, approximately 90 day, evidence and progress based program that will offer core programming addressing the domains of Education, Employment and Finance, Family and Social Support, Neighborhood Problems, Criminal Attitudes and Behavioral Patterns, Peers/Association, and Substance Abuse. Residents will receive programming based on individual risks and needs as reflected on a validated assessment tool. Prospective

residents should be aware that assessment, programming, and training are emphasized in the first two phases, and it may be several weeks before they have progressed to the point of working in the community while residing at the CSC. The Fulton Community Supervision Center is a female only facility that offers an approximately 120 day program. Participants in the Fulton CSC do not gain employment while in the program. Community Supervision Centers also offer some Day Report programming to appropriate field referrals living in the community.

Eligibility:

1. Client must be 18 years of age or older.
2. Clients must have at least six (6) months left on supervision accounting for Earned Compliance Credits.
3. Individuals being referred to Community Supervision Center shall score Moderate Risk level or above on the Ohio Risk Assessment System (ORAS) prior to referral. Individuals scoring overall “low” shall not be placed in the CSC.
4. Districts #1, #3, #12, #23 and #25 serve male residents in the program, while District #26 serves female residents. Field referrals should reside in the region the CSC is located. However, referrals to the District 26 CSC are accepted statewide.
5. Clients that have completed the program through either Successful completion or Termination cannot be referred to the program again for 12 months after initial exit.
6. Clients pending interstate transfer are not eligible, as that would not allow sufficient time for program completion.
7. Clients must be under supervision for a felony offense; discharged Lifetime Supervision sex offenders will not be accepted. Misdemeanor cases may be accepted with CAO/designee approval. Deferred Prosecution cases are not eligible.
8. Clients who have posted bond on a pending felony charge are eligible with CAO/designee approval.
9. Clients are not eligible for CSC placement if they have serious physical or mental health conditions. (No M4, M5, MH4 or MH5 referrals). The CSC’s have no medical or nursing services at this time. All cost of care shall be the responsibility of the client.

Mild to moderate physical or mental health conditions are acceptable providing the client is stable and medically compliant:

- a. Clients must be able to understand directions for taking prescriptions and be able to comprehend and participate in programming while taking medication as prescribed.
- b. Clients must be able to care for themselves without assistance from staff or residents.

- c. The client shall not be homicidal or suicidal at the time of the referral.
- d. Clients must be capable mentally and physically of negotiating a normal path to safety using assistive devices or aids when necessary.

Clients must be able to seek medical or mental health care through a community based provider.

- 10. If a client is prescribed medications, then the client should arrive with a minimum 30 day supply and a pre-approved plan for the other 90 days.
- 11. Clients cannot have an active substance use disorder, which requires immediate medical detoxification or inpatient substance use treatment.
- 12. Exceptions may be made on a case by case basis with CAO/designee approval.

Field Referrals:

- 1. The Field PPO will complete the Community Supervision Tool (CST) per divisional procedure. If the client's risk score is moderate or above the PPO will prepare a CSC Referral Form and forward the form to the CSC's district email.
- 2. The referral will be reviewed by the CSC Unit Supervisor/designee within five business days. The Institutional Activities Coordinator (IAC) shall enter the referral into MOCIS Programs utilizing Residential Facilities.
- 3. Upon review, the CSC Unit Supervisor/designee shall notify the referring PPO via email of acceptance or denial.
- 4. The referring PPO shall develop or update the case plan.
- 5. The referring PPO will complete the written directive with the client with the date and time of expected arrival to the CSC.
- 6. The PPO will complete the CSC placement checklist.
- 7. The case shall be transferred to the CSC immediately upon verification that the client arrived, and the IAC will update the client's status in MOCIS Programs to active.
- 8. If applicable, the referring PPO and the CSC PPO shall sign the CSC Out of District Officer Agreement with a copy placed in the client's file.
- 9. When a client has been referred from a district outside the CSC District, the referring PPO shall conduct the following additional activities:
 - a. update or develop the case plan with the CSC PPO;
 - b. establish a video call with the CSC PPO prior to the client's entry into the CSC to discuss the case plan and review case notes; and

- c. coordinate transportation to the CSC if available.
10. CSC staff shall notify the referring PPO of the client's arrival by email and document in the client's case notes.

Institutional Referrals:

1. The Institutional PPO shall complete the Reentry Tool (RT), if the client has been incarcerated four years or more, or the Supplemental Reentry Tool (SRT), if the client has been incarcerated less than four years.
2. Board holdover referrals require the completion of an SRT prior to referral when an assessment has not been completed within the past six months and the event returning the client to the Division of Adult Institutions (DAI), meets the requirements of a significant event.
3. If the client's risk score is moderate or above on the ORAS, the PPO shall prepare the CSC Referral Form and forward the form to the CSC's district email.
4. The referral will be reviewed by the CSC Unit Supervisor/or designee within five business days.
5. Upon review, the CSC Unit Supervisor/Designee shall notify the referring PPO and the IAC via email of the acceptance or denial. If accepted, the IAC shall enter the case into MOCIS Programs.
6. The institutional parole office shall notify the institutional records officer, business office and medical unit of the entry date.
7. After the client is accepted into the CSC, the institutional PPO and the client shall discuss the date and time of program entry, and establish a video call with the CSC PPO prior to the client's entry to discuss the case plan and review case notes.
8. If the client is taking medications, then contact shall be established with the contracted medical provider to ensure the client is provided with a 30 day supply of the required medication at the time of release. If the medication is not provided to the client, then it shall be forwarded to the CSC within three business days of the client's release.
9. The case shall be transferred to the CSC upon the client's release from the institution, per the Institutional Release procedure.

G. CO-OCCURRING CASE MANAGEMENT PROGRAM (CCMP) (St. Louis)

Description:

CCMP is a program that provides intensive case management services to clients with co-occurring substance use and mental health disorders. CCMP provides a coordinated and comprehensive casework delivery system of community based services.

Intensive case management services are provided by BJC-Behavioral Health, 3309 S.

Kingshighway, St. Louis, MO 63139. The PPO and Case managers work closely with the client, providing access to on-site psychiatric care, substance use education, individual and group therapy, and benefit/employment specialists.

Clients are provided with a continuum of care and an intensive level of supervision with the goal of reducing recidivism and commitments while ensuring public safety and promoting the client self-sufficiency.

Eligibility:

1. Client should suffer from a Serious Mental Illness (SMI) as defined in the DSM V and noted in Probation and Parole Procedure P3-6.5.
2. Client should have an active substance use disorder or be in early recovery.
3. Client cannot be an active patient with Places for People, Hopewell, or ADAPT.
4. Client must have a minimum of 12 months from the Optimal Discharge Date remaining on supervision or as approved by CAO/designee.

Field Referral Process:

1. The supervising PPO shall complete the Authorization for Disclosure of Consumer Medical Health Information Community Treatment and Recovery Services Referral form, including the diagnoses, recent drug testing results, Medicaid and/or Disability status, and current treatment plan.
2. The PPO shall e-mail the completed form to the Co-Occurring/SMI Unit Supervisor.
3. The client will be scheduled to complete Intake by the CCMP PPO.
4. After the client successfully completes the intake process, the CCMP PO will notify the Referring PPO.
5. The Referring PPO will then direct transfer the client's file to the assigned CCMP PPO at District EP.

Institutional Referral Process:

The IPO shall submit the Board Home and Employment (BHE) investigation to District EP, noting the referral in the open text field.

H. COURT ORDERED DETENTION SANCTION

Description:

The Court Ordered Detention Sanction (CODS) is a 120 day program placement within the Division of Adult Institutions by the Court as a violation response (RSMo 559.036). An assignment to this program occurs as the result of a Court hearing. The specific 120 day program placement for each client for CODS will be determined by Division of Offender Rehabilitation Services (DORS) staff after delivery to the facility. This program

is MANDATORY, unless the client consents to the revocation of probation or is found otherwise ineligible.

Eligibility:

The following offense and supervision criteria must be met:

1. Offense Eligibility

- a. Sentenced in the State of Missouri and on probation for an offense listed in Chapter 579 RSMo, or previously listed in Chapter 195 (Drug Related Offenses), or for a Class D or E Felony pursuant to RSMo 559.036, or a Class C Felony if sentenced prior to 1-1-2017.
- b. Not found ineligible for a detention sanction by the Court, in conjunction with one of the following underlying offenses:
 - Abuse of a Child
 - Aggravated Stalking or Assault of Law Enforcement Officer 2nd Degree as they existed prior to 1/1/2017
 - Any weapon offense under Chapter 571
 - Assault in the 2nd Degree
 - Assault 3rd Degree when victim is a Special Victim
 - Deviate Sexual Assault
 - Domestic Assault 2nd Degree
 - Endangering the Welfare of a Child 1st Degree –Subdivision (1) or (2) of subsection 1 of RSMo 568.045 (When the person knowingly acts in a manner that creates a substantial risk to the life, body, or health of a child less than seventeen years old; or the person knowingly engages in sexual conduct with a person under the age of seventeen years over whom the person is a parent, guardian, or otherwise charged with the care and custody)
 - Incest
 - Invasion of Privacy
 - Involuntary Manslaughter 2nd Degree
 - Rape 2nd Degree
 - Sexual Assault
 - Sexual Misconduct Involving a Child
 - Sodomy 2nd Degree
 - Stalking 1st Degree
 - Statutory Rape 2nd Degree
 - Statutory Sodomy 2nd Degree

2. Supervision Eligibility

- a. The following types of violations are excluded from detention sanction consideration:
 - Absconders

- Laws (Found guilty, pled guilty or arrested on suspicion of any felony, Misdemeanor, or Infraction)
 - Weapons
 - Special conditions which prohibit victim or other contact
- b. Clients who have less than four months of supervision per their original discharge date are not eligible.
 - c. Clients are not eligible for a detention sanction if previously placed in a 120 day institutional program by the Court for the same underlying offense or during the same probation term.

Referral:

1. A Court Ordered Detention Sanction (CODS) assignment shall occur based on a Court hearing. The Court must indicate on the Sentence and Judgment, or Court Order, that the client has been sentenced pursuant to the provisions of RSMo 559.036.
2. When appropriate, as dictated by agency procedure, the supervising PPO shall recommend CODS in their Initial Violation Report (IVR).
3. The Court may independently order a CODS assignment for eligible clients, regardless of the Violation Report recommendation.
4. The Court, in conjunction with the supervising PPO, must determine that the client meets the criteria for CODS.

I. DOMESTIC VIOLENCE CASELOAD

Description:

Clients convicted of Domestic Violence (DV) offenses, who meet the eligibility criteria, are supervised under the Domestic Violence Supervision Agreement. They are subject to increased contacts and must complete a Batterer's Intervention Program (BIP) with an approved provider. Focus is placed on identifying abusive behaviors, taking responsibility for their actions, and consistently demonstrating pro-social behaviors. If a client is assessed at the Low Risk Level, they cannot be assigned to that level until they have completed a Batterer's Intervention Program and have consistently demonstrated pro-social behaviors.

Eligibility:

Clients convicted of the following offenses after 10/1/14, in which the victim was an intimate partner:

Domestic Assault 1st (RSMo 565.072)
 Domestic Assault 2nd (RSMo 565.073)
 Domestic Assault 3rd (RSMo 565.074)
 Domestic Assault 4th (RSMo 565.076)

Violation of Order of Protection /Ex Parte (RSMo 455.085 and 455.050)

Stalking (RSMo 565.225)

Aggravated Stalking (RSMo 565.225), prior to 1/1/17

If convicted prior to 10/1/14, clients will not be supervised as a Domestic Violence client unless one or more of the following events occur:

- A significant event occurs requiring an increased level of supervision
- New incident of violent or abusive behavior
- New conviction for a DV related crime
- Court or Parole Board order requiring supervision as a DV client

Referral:

Once identified as a Domestic Violence client, the client must sign the Domestic Violence Supervision Agreement. Clients will be subject to increased contacts and will be required to complete a Batterer's Intervention Program. Staff will enter the appropriate supervision enhancement in MOCIS.

J. EASTERN REGION COMMUNITY TREATMENT PROGRAM

Description:

The Eastern Region Community Treatment Program is a contracted program that provides aftercare treatment to all male clients coming out of the institutional treatment programs and residing in St. Louis City or St. Louis County.

Eligibility:

1. All male clients who have successfully completed a short term (83 days), intermediate term (180 days), or long term (12 months) institutional treatment program shall be referred for aftercare programming in the vicinity of their home plan.
2. All male clients who have agreed to RRMAT services, either MAT (Medical Assisted Treatment) or case management services shall also be referred to RRMAT services in the vicinity of their home plan.
3. Clients that have a home plan to the Salvation Army Rehabilitation Center (ARC) are not eligible.
4. Clients that have been diagnosed as MH4/5 are not eligible.

Referral:

District 7B will field all inquiries from institutional staff to determine the appropriate district the client will need to report to for supervision and continuum of care. Based on their proposed home plan the appropriate receiving District Administrator and institutional staff are notified which district to send an investigation or client to upon release. The District Administrator will notify institutional staff which field probation and parole officer will be assigned. The field PO will work with the IPO and the participant to determine which provider the individual chooses to receive services from so intake appointments can be secured prior to their release date.

K. ELECTRONIC MONITORING

Description:

Electronic Monitoring (EM) enhances supervision through the use of various Electronic Monitoring devices including Radio Frequency (RF), Global Positioning System (GPS) and alcohol monitoring. Intervention, control, and sobriety are the supervision objectives of Electronic Monitoring. Control of movement is substantially enhanced with RF and GPS as a result of curfew requirements and restricted activities. Use of alcohol can be monitored in the home and in the community. All types of Electronic Monitoring devices are monitored 24 hours per day, allowing violations to be immediately addressed. Generally, EM will be a minimum of 30 days with a maximum of 120 days in duration. Use of less than 30 days or more than 120 days requires authorization by a supervisor, unless otherwise mandated by statute.

Eligibility:

1. Clients with an approved home plan in the state of Missouri.
2. Clients on supervision for either felony or misdemeanor charges.
3. Certain monitoring equipment requires the client to have compatible telephone service.
4. Certain monitoring equipment requires the client have adequate cellular signal coverage at their residence.
5. Cases that are suspended are not eligible.

Referral to EM:

Enter into MOCIS Programs utilizing Supervision Enhancements and the contracted Electronic Monitoring provider's system.

L. IMPROVING COMMUNITY TREATMENT SUCCESS (ICTS)

Description:

The ICTS program aim is designed to reduce the (re)incarceration rate of individual clients under P&P supervision by ensuring that significant criminogenic needs are addressed in the community. The ICTS program is based on accountability. The program measures performance of behavioral health providers to ensure services improve both public safety and recovery outcomes. P&P staff work on a team with local behavioral health treatment and recovery providers to ensure people on supervision who are at high risk of reoffending and have behavioral health needs receive individualized evidence-based treatment in the community.

Eligibility:

1. Must be a current resident of identified P&P Districts offering the ICTS

Program.

2. Client must be on felony Probation or Parole/Conditional Release.
3. The individual must have at least nine months remaining on supervision before reaching their Optimal Discharge Date.
4. Individuals pending revocation or with an active warrant will be reviewed on a case by case basis.
5. The individual shall score low-moderate or above on the ORAS assessment tool.
6. Individuals must have a moderate to severe substance use disorder or a co-occurring substance use and mental health disorders.
7. Women, individuals with opioid use disorder or individuals with co-occurring substance use and mental illness are given priority enrollment into ICTS.

Referral:

1. The referring PPO shall complete all necessary referral paperwork to ensure the client meets the program's eligibility requirements.
2. Once the PPO determines the client is an appropriate program candidate, the referral must be submitted to the unit supervisor for approval.
3. All individuals under consideration for referral will be reviewed in collaboration with the treatment provider and P&P.
4. The treatment provider shall complete a comprehensive assessment of all the individuals referred to the program.

M. LONG-TERM COURT ORDERED SUBSTANCE ABUSE PROGRAM (LTC) – RSMo 217.362

Description:

The Long Term Court Ordered Substance Abuse Program is a therapeutic community treatment program, specifically developed for clients with a serious substance use disorder. Treatment duration for a period of at least 12 months and no more than 24 months.

The therapeutic community program uses self and mutual help approaches, peer pressure, and role modeling in a structured environment to achieve the recovery goal.

The treatment program is highly structured and may be comprised of three phases. Phase I involves a thorough assessment of clients for treatment through drug and therapeutic community education. Phase II is the intensive treatment component and requires clients to complete a core curriculum of substance use education and life skills training. A supplemental curriculum is provided to address the individual needs of the client. Phase III involves clients in a relapse prevention and re-entry curriculum. Additionally, Phase III

clients may participate in community work release (if available and eligible) and save 25% of their earnings. Preceding discharge, a community aftercare plan is developed for the client and stipulated in the release plan.

Eligibility:

1. Both male and female clients.
2. Clients must be sentenced pursuant to RSMo 217.362 with a minimum term of four years in the Department of Corrections. The sentence should not be in direct conflict with any other sentence provisions that cannot be resolved with the Court.
3. Clients must be assessed as substance dependent and/or having a history of serious substance use problems. This must be documented and substantiated by staff from Probation and Parole or by a licensed professional in the field of chemical dependency.
4. Client must be a chronic (at least three FELONY findings of guilt) non-violent offender as defined in RSMo 217.010; with no past or current dangerous felonies as defined in RSMo 556.061.
 - Felonies can be a combination of prior or present offenses including SIS or SES probation. Felonies must have separate cause numbers or have separate offense dates.
 - Any plea of guilt or a guilty verdict is a “finding” of guilt.
5. Clients convicted of offenses for which there are statutory prohibitions that do not allow the Court to grant probation, or any offenses where a prohibition on parole exists are excluded.
6. Clients with serious physical or mental health conditions which cannot be reasonably accommodated, or which would prevent them from benefiting from the program may be excluded.

Referral:

The institutional PPO will enter the referral into MOCIS Programs utilizing Classes once the client is received at DAI. The client will be assigned to the program with a projected entry date. The client should be delivered to the Reception Center no more than eight weeks prior to the projected entry date.

N. OFFENDERS OFFERING ALTERNATIVES (OOA)

Description:

Offenders Offering Alternatives (OOA) is a program designed to educate probationers on the realities of prison, promote positive choices, and deter criminal behavior. This program is facilitated in Missouri Correctional Facilities by a group of carefully selected and trained incarcerated offenders. The Offenders Offering Alternatives program scheduling and availability differ by area. OOA activities are organized and supervised by the Institutional Activities Coordinators (IAC) Office, Institutional Parole Staff, and Field Probation and Parole Staff. By design, the training and program environment is

intentionally non-threatening in an effort to enhance the educational value for the probationer.

Eligibility:

1. Any client who is actively on supervision with the Division of Probation and Parole.
2. Clients should score Moderate Risk Level or above on the Ohio Risk Assessment System (ORAS) unless ordered by the Court.
3. Clients must be ordered to attend by the Court or given a directive to attend by their supervising PPO.

****Please note:** Standard clearance procedures are completed at the institution. Clients with active warrants will not be allowed entry.

O. SERIOUS MENTAL ILLNESS (SMI) CASELOAD:

Description:

The DSM-V defines mental disorders as “a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.”

Eligibility:

Clients identified with one or more of the following during the pre-screening process shall be reviewed by a supervisor and considered for supervision as an SMI client:

1. Patterns of behavior that are associated with a significantly increased risk of death, pain, disability, or an important loss of freedom including:
 - Previous Not Guilty by Reason of Insanity determinations or currently under evaluation;
 - Diagnosis by a mental health professional of a serious mental illness within the past 24 months;
 - History of suicide attempt(s);
 - Incidents of harm directed at self or others; or
 - In-patient hospitalization(s) due to mental health issues.
2. In addition to the above, one or more of the following must be present:
 - Inability to work based on receipt of current disability benefits (or pending application) based on mental health issues;
 - Clients currently under psychiatric care; or

- Diminished level of social functioning in life areas such as, but not limited to:
 - ✓ health and hygiene practices,
 - ✓ housing,
 - ✓ communication,
 - ✓ safety, or
 - ✓ management of time and finances.

3. Classification of a Mental Health (MH) score of 3 or above.

Referral:

1. Obtain the client's signature on the Community Treatment and Services Referral and Guidelines Form according to divisional procedure.
2. Review all case material noting emphasis on the potential influence of an underlying psychiatric condition.
3. Interview the significant other(s) regarding the client's past and current behavior.
4. Conduct a home visit to evaluate living conditions and level of functioning.
5. Contact the local Department of Mental Health (DMH) Administrative Agent, Department of Social Services Family Support Division, and other relevant agencies from which the client may be receiving services.
6. Verify employment by contacting employers, if applicable.
7. Contact treatment providers, if applicable.
8. When referring a client to a certified program for treatment, the PPO shall submit the Community Treatment and Services Referral and Guidelines Form.
9. If a determination is made the client needs supervision as an SMI case, then the client shall be assigned to an SMI caseload, when district resources are available, and entered in MOCIS Supervision Enhancements.

P. SEX OFFENDER ASSESSMENT PROCESS (SOAP)

The Sex Offender Assessment Process (SOAP) is NOT a Program or Treatment Alternative; it is only a Pre-sentencing Assessment Process.

Description:

The Sex Offender Assessment Process (SOAP) provides an intensive assessment in order to determine the nature and extent of psychopathology, risk for reoffending and psychological treatment needs of sex offenders. The SOAP prepares a report assessing

the risk an offender poses to the community and the offender's amenability to treatment within a community setting to assist the Court in making a decision whether to release the offender back to the community. The SOAP report provided to the Court will include:

- A general assessment of mental and emotional health.
- Determination of probable risk to sexually re-offend in the community.
- Assessment of the offender's motivation for treatment and change.
- Recommendation: The recommendation will focus on the potential risk to sexually re-offend and whether that risk can be most effectively managed in the community or in a correctional setting. It is expected that any sex offender considered appropriate for release on probation will be required to participate in sex offender specific treatment while serving probation.

Eligibility:

1. Offenders must be convicted of a sexual offense as defined in RSMo 589.015, 566, 568 or 573.
2. Offenders must be sentenced pursuant to RSMo 559.115, stipulating placement in the Sex Offender Assessment Process on the Sentence and Judgment.
3. A Sentencing Assessment Report must have been completed in reference to the present offense.
4. Male and female offenders are eligible.
5. Offenders convicted of offenses for which there are statutory prohibitions that do not allow the Court to grant probation, or any offenses where a prohibition on parole exists, including requirements to serve more than 120 days prior to release, are not eligible. Refer to P3 Appendix A for a list of ineligible offenses due to probation and/or parole restrictions.
6. Offenders with serious physical or mental health conditions which cannot be reasonably accommodated, or which would prevent them from being assessed are not eligible.
7. Offenders convicted of an attempt to commit a sex offense are eligible.
8. Offenders found to be predatory sexual offenders are not eligible.

Referral:

An order from the Court with the stipulation the offender is sentenced under RSMo 559.115 with placement in the Sex Offender Assessment Process.

Q. TRANSITION CENTERS

Description:

The Transition Centers of St. Louis (TCSTL) and Kansas City (TCKC) are residential

facilities which provide community based transitional services and supervision programming to male clients released from the Division of Adult Institutions, as well as, clients under community supervision who are in need of additional structure. Access to services may include substance use treatment, vocational training, employment readiness, educational, home plan assistance, family reunification, and linkage to other community based resources.

Eligibility for Probation and Parole Field Referrals:

1. Clients must be at least 18 years of age.
2. Clients must have at least six (6) months left on supervision accounting for Earned Compliance Credits.
3. Probation Field Referrals to TCSTL must be sentenced out of and returning to St. Louis City, St. Louis County, St. Charles County, Franklin County, or Jefferson County. Probation Field Referrals to TCKC must be sentenced out of and returning to Clay, Jackson or Platte County.
4. Clients on parole/conditional release supervision being referred to TCSTL should be a resident from one of the following counties: St. Louis, Jefferson, Franklin, St. Charles or St. Louis City. Counties outside the aforementioned may be considered with Chief Administrative Officer/designee approval. Clients on parole/conditional release supervision being referred to TCKC should be a resident of Clay, Jackson or Platte County.
5. Probation clients can be referred when their case management plan outlines a need for programming and behavior modification.
6. Clients must be under supervision for a felony offense.
7. Clients receiving disability benefits are eligible for referral; however, will not be eligible to receive disability benefits while residing at a Transition Center.
8. Discharged Lifetime Supervision sex offenders will not be accepted.
9. Clients are not eligible for placement if they have serious physical or mental health conditions. **(No M4, M5, MH4 or MH5 referrals)**
10. Mild to moderate physical or mental health conditions are acceptable providing the client is stable and medically compliant:
 - a. Clients must be able to understand directions for taking prescriptions and be able to comprehend and participate in programming while taking medication as prescribed.
 - b. Clients must be able to care for themselves without assistance from staff or residents.
11. Clients with an active substance use disorder in need of medical detoxification or intensive out-patient substance use treatment are not eligible.

12. Clients cannot be exhibiting extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, have a compromised ability to function, or is otherwise agitated and unable to be calmed.

Eligibility for Institutional Parole and Conditional Release Referrals:

1. Clients who are within nine months of parole or conditional release eligibility.
2. Clients must have at least six months left on supervision after release, accounting for Earned Compliance Credit.
3. Clients being referred to TCSTL should have a potential home plan from one of the following counties: St. Louis, Jefferson, Franklin, St. Charles or St. Louis City. Client being referred to TCKC should have a potential home plan in Clay, Jackson or Platte County.
4. Clients receiving disability benefits are eligible for referral; however, will not be eligible to receive disability benefits while residing at a Transition Center.
5. Discharged Lifetime sex offenders will not be accepted.
6. Clients are not eligible for placement if they have serious physical or mental health conditions. (**No M4, M5, MH4 or MH5 referrals**)
7. Mild to moderate physical or mental health conditions are acceptable providing the client is stable and medically compliant:
 - a. Clients must be able to understand directions for taking prescriptions and be able to comprehend and participate in programming while taking medication as prescribed.
 - b. Clients must be able to care for themselves without assistance from staff or residents.
8. Clients with an active substance use disorder in need of medical detoxification or intensive out-patient substance use treatment are not eligible.
9. Clients cannot be exhibiting extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, have a compromised ability to function, or is otherwise agitated and unable to be calmed.

Institutional Referrals

1. For institutional referrals, the client will submit an Application for Referral to the Transition Center to the institutional PPO. After receiving the application, if the client meets the eligibility criteria, the institutional PPO shall prepare a Transition Center Referral Form which will be reviewed by a supervisor to ensure the client meets the criteria. If approved by a supervisor, then the referral form, Application for Referral to the Transition Center and Medical Consent form will be emailed to DOC.TCSTL Records Office for TCSTL referrals and DOC.TCKC Records for TCKC referrals. The referral form will be reviewed by a Transition Center Intake PPO, in consultation with the healthcare team, within five working days.

2. Upon review, the Transition Center PO shall notify the referring institutional PPO via email either indicating the client did or did not meet the criteria. Should the client not meet the criteria, the Transition Center Unit Supervisor will sign off on the denial and the PPO will inform the referring institutional PPO of the reason for the denial via email.
3. If the client meets the criteria, the referring institutional PPO will prepare a report to the Parole Board recommending a Special Condition for the Transition Center.
4. If a Board decision is received adding the special condition, the institutional PPO will submit an investigation to the Transition Center. The investigation shall note that prior approval has been obtained.
5. The case shall be transferred to the Transition Center upon the client's release from the institution, per the Institutional Release procedure.

Field Referrals

1. The supervising PPO will prepare a Transition Center Referral Form which will be reviewed by a supervisor to ensure the client meets the criteria.
2. If approved by a supervisor, then the referral form, and a Medical Consent form shall be emailed to DOC.TCSTL Records Office for TCSTL referrals and to DOC.TCKC Records Office for TCKC referrals. The referral form will be reviewed by a Transition Center PPO, in consultation with the healthcare team, within five business days.
3. Upon review, the Transition Center PPO shall notify the referring PPO via email of the client's acceptance and projected entry date or denial for placement.
4. If a field referral, the case shall be transferred to the Transition Center immediately upon verification the client arrived at the facility.

R. TREATMENT COURT

Description:

Treatment Court is available to eligible deferred prosecution and probation clients. Probation and Parole staff in participating counties work with local state courts, prosecutors, defense attorneys and treatment programs to intervene and curtail the criminal activities of participants at the earliest opportunity. While in Treatment Court, clients may be required to complete substance use treatment, submit to frequent drug testing, participate in community-based job training and employment, maintain extended sobriety, complete community service and be held to a high degree of accountability. Typically, Treatment Courts are generally 12-18 months in duration.

Eligibility (General criteria, check local program for specifics):

Treatment Court programs differ by area, eligibility criteria and referral process.

Referral:

The referral process differs among programs. However, the Prosecuting Attorney is usually the initial point of referral with screening and assessment conducted by Probation and Parole staff. Final approval is by the Court yet the Division of P&P retains the right not to supervise a deferred prosecution case.

Once the decision has been made to place a client in Treatment Court, enter the client into MOCIS Programs utilizing Supervision Enhancements.

CORRECTIONAL CENTERS**RECEPTION AND DIAGNOSTIC CENTERS**

All offenders sentenced by the Court to serve a sentence are received at a Reception and Diagnostic center, except male offenders sentenced to death are received at the Potosi Correctional Center. Offenders are assessed and classified according to a number of variables that determine their custody level and program needs. Following this classification process, offenders are assigned to the appropriate correctional center.

LEVELS OF CUSTODY**Description:**

Correctional Centers are classified as Minimum, Medium, or Maximum. This classification system dictates the extent of security that a facility possesses, as well as resources and programming. Offenders are housed at the appropriate facility based on a risk/need assessment.

Eligibility:

Offenders are initially classified when first received at a Reception and Diagnostic Center and reclassified at regularly scheduled intervals based on the following needs:

1. Medical
2. Mental Health Care
3. Public Risk
4. Institutional Risk
5. Educational
- 6 Vocational Training

Placement:

Following the diagnostic process, the Diagnostic Center will assign an offender to an appropriate correctional center. All institutional reassignments are approved by the Central Transfer Authority. Offenders are assigned to an institution based on but not limited to:

- Security considerations and offender external classification
- ADA, medical and mental health consideration
- Vocation or education, reentry program and family visitation considerations
- Youthful offenders will only be housed with other youthful offenders in accordance with institutional services procedures regarding housing assignments

RESOURCES AVAILABLE IN CORRECTIONAL CENTERS

Description:

Correctional centers may provide the following resources to offenders:

- Adult Basic Education /HiSet
- Vocational Education
- Medical and Mental Health Services
- Institutional Jobs or Work Release
- Parenting Classes
- Cognitive Skills Development Program
- Substance Use Education and Program
- Alcoholics Anonymous and other substance use support groups
- Restorative Justice Projects
- Community Service Opportunities
- Library Services
- Recreational Activities
- Visitation

Eligibility:

Offenders are assigned or have access to these programs based on their needs, behavior or classification.

Referral Process:

Referrals are made by institutional staff, self-referral or statutory requirements.